

Your 4 Month Old



Normal Development – what to expect from 4 months to 6 months old

Daily activities

- Is active and playful
- Reaches and grasps objects
- Puts everything into mouth
- Laughs and giggles when playing and seeing people

Hearing and Vision

- Turns head when someone talks
- Focuses clearly
- Loves to look at themselves in the mirror

Motor Skills

- Rolls from side to side
- Holds up chest when lying on tummy
- Supports own head when held in sitting position
- Loves kicking their legs

Feeding: How do I Start foods?

- **Right now food is for learning how to eat and for fun.**
- Signs that your baby is ready: opens mouth for spoon, sits with support, good head and neck control, interest in food you eat.
- You may start oatmeal cereal (must have iron) mixed with breastmilk or formula.
- Start with soupy consistency, then make thicker as tolerated.
- Offer it once per day. If your baby doesn't seem interested, take a break and try another day.
- Fruits and vegetables can be started after tolerating cereal well.
- Try making your own baby foods - puree fruits and veggies in your blender. Give the same food for 3-4 days before adding a new food to watch for reactions like rashes.
- Solid foods should not replace bottle/breast feeding - make foods an addition to baby's current feeding schedule.

Sleeping:

- About 2 naps per day.
- **Still getting up at night to play or to eat?** Try cutting nighttime down bottles by 1oz at a time or shorten nursing time. You can help your baby learn good sleep habits by putting your baby in the crib when drowsy but still awake. Then when she wakes in the night she is familiar with falling asleep again without your arms around her. Try allowing him to fuss a bit and get himself back to sleep before jumping out of bed at the first sound. (See page 4 for more suggestions.)

Some Helpful and Trusted Websites:

- Healthychildren.org (American Academy of Pediatrics)
- Genesispediatrics.com for our Genesis Advice Packet (GAP)
- vec.chop.edu/service/vaccine-education-center/home.html (Children's Hospital of Philadelphia for vaccine information)

The Highlights!

- **Lots and Lots of Drool!**
- Place baby on their back to sleep
- Nothing in the crib – no blankets, stuffed animals, pillow, no soft bumpers
- **DO NOT** sleep with your baby in your bed.
- Stop swaddling with arms in
- Continue tummy time every day working up to 1-2 hours total per day
- **It's time to start foods! (see info below)**
- Breastfeeding every 2-4 hours OR formula about 4-6 oz every 3-4 hours, usually no more than 28-32oz per 24 hours
- Vitamin D 400IU daily until 6 months, until 12 months for breast fed babies
- Can only use Acetaminophen (Tylenol) for pain/fever. **Wait until 6 months of age to use Ibuprofen (Motrin/Advil).** (See GAP for dosing and 1st steps for fever.)

Next Visit:
See you in 2 months
for the 6 month visit!

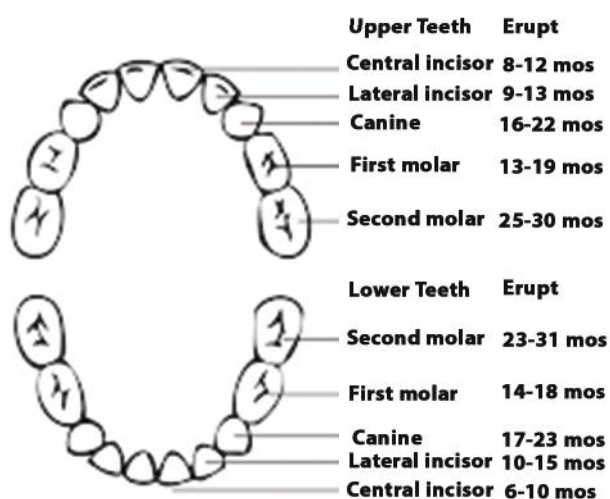
I Have a Few Questions...

1. How do I take care of my baby's teeth and gums?

Taking Care of your Baby's Gums and Teeth:

Even before your baby's first tooth comes in, you can clean his gums. Wipe after each feeding with a clean, damp wash cloth. After teeth appear, clean them with a soft infant toothbrush and a tiny smear of children's fluoride toothpaste twice per day.

Baby Teeth Eruption Chart



2. Any advice for teething?

Teething begins anywhere from 4 to 12 months of age. For many babies the first tooth appears around 6-9 months of age. At 4 months old babies drool a lot, with and without teething. If they have swollen gums and seem uncomfortable you may try the suggestions below.

Making Teething Easier:

Avoid teething tablets which may contain unsafe ingredients. To ease the pain, try giving cold teething rings to chew on. Or you can try a mesh teething feeder with cold or frozen fruit inside.



But I have another question!

For non-urgent questions contact us through the patient portal at genesispediatrics.com

3. What is this weird rash?

Eczema: Pink, dry patches on face, front of elbows, behind knees, arms, legs and trunk. If you notice this, try to stop using soaps and lotions with fragrance like Johnson's and Johnson's. For bathtime, use a gentle, fragrance-free wash like Eucerin, Cetaphil, Aveeno or Aquaphor. Right after bathtime put on a thick moisturizer like Eucerin, Cetaphil, Aveeno or Aquaphor. This helps to seal in moisture. Apply it a few times per day if needed.

When to call:

If the rash becomes very red or tender

Cradle cap: Greasy crusts on scalp, sometimes on face and ears. Treat with baby oil to soften the crusts and then comb with a soft baby brush. Wash oil off afterwards.

Diaper rash: The best cure is prevention! Keep the diaper area as dry as possible by changing diapers often. You can use any zinc oxide or petroleum based diaper ointment to protect the skin with each diaper change.

When to call:

If red bumpy rash for more than 3 days it could be yeast and need different treatment.

4. Baby's skincare?

Use a gentle or fragrance free soap and water to bathe 1-2 times per week. You may use a lotion like Aquaphor or Eucerin if needed.

Sunscreen: Keep young infants out of the sun in a shady place. Before 6 months old you can use a zinc oxide based sunscreen like Blue Lizard. After baby is 6 months old use regular baby sunscreen of at least 30 SPF.

Using sunscreen until age 18 prevents lifetime skin cancer risk by as much as 78%.

Playtime:

Learn what things your baby likes and doesn't. Encourage active play - offer mirrors, floor gyms, colorful toys to hold.

Tummy time - put your baby on his tummy when awake and you can watch him.

Quiet Play - hold and talk with your baby, read to your baby often.

**Immunizations:**

Today we will give your baby several vaccines to protect against serious illnesses. After the shots, some babies may be fussy, may have a fever for 1-2 days, or just be worn out.

Tylenol (acetaminophen) may be given for fever or discomfort. Please see GAP (Genesis Advice Packet) for dosing. Call if you have concerns after the shots.

For Parents:

Don't smoke! Smoking around your baby, smoking in the car that they ride in or holding your baby with the smell of smoke on your clothes is not healthy for your baby. This exposes them to toxins and can lead to **breathing problems, increase the risk of SIDS and ear infections.**

New York States Smoker's Quitline

Free and Confidential

Tobacco-Free Coaching

Free Nicotine Replacement options

1-866-NY-QUITS (1-866-697-8487)

or www.nysmokefree.com

Safety First!

Choking: Avoid hard things like chunks of raw carrots, apples, hot dogs, or whole grapes. Avoid stringy meats or spaghetti.

Rolling:

Make sure you are always holding onto your baby.

Don't leave them on a high surface alone! Fasten your baby in their swing, car seat, and bouncy chair as babies can wiggle a lot and get out!

Crawling: Use gates on stairways and close doors to keep your baby safe. Install window guards on 2nd floor windows. Do not use baby walkers!

Crib Safety:

Lower your baby's mattress to the lowest rung before he can sit upright. Make sure the sides are always up on the crib.

Car Seats:

Make sure that your child is in the correct car seat (see car seat handout). Car seats should be rear facing in the back seat until 2 years. *Is the car seat installed correctly?* To have this checked visit your local fire department.

Burns: Never carry your baby and hot liquids or food at the same time. Reduce the hot water temperature in your home to 120-130F.

Bath time safety:

Remember – Don't put your child in the bathtub while the water is running. Check the water with your elbow. Move it back and forth in the water to look for hot spots. Then put your baby in the tub. Always stay with your baby while they are in the water. It only takes seconds for small children to drown or burn themselves.

My baby is still waking at night! Help!



A **trained night feeder** is a baby who:

- Is over 4 months old and wakes up and cries one or more times at night to be fed
- Is breast-fed or bottle-fed until asleep at bedtime and for naps
- Has awakened to be fed at night since birth

A **trained night crier** is a baby who:

- Is over 4 months old and wakes up one or more times per night
- Can only return to sleep if you hold him or her
- Is held, rocked or walked until asleep at bedtime or naps
- By 4-5 months old most babies can sleep through the night without feeding. At this age, babies who are growing well should not need calories during the night to stay healthy.
- Bottles in bed, unless they contain only water, can also lead to severe tooth decay.

Why does my baby wake at night to be fed? Nursing or bottle feeding until asleep becomes baby's last memory before falling asleep. Your baby then gets in the habit of not being able to go back to sleep without it.

How long will it last? If you try the following suggestions things should improve within 2 weeks. The older the child is, the harder it will be to change your child's habits. Children over 1 year old will fight sleep even when they are tired. On their own, children might not start sleeping through the night until age 3 or 4 when busy daytime schedules finally exhaust them.

What can I do?

1. Work on feedings. Slowly lengthen time between daytime feedings to 3 or 4 hours. Later, phase out nighttime feedings over 2 weeks. Work on slowly decreasing the amount of formula by 1 oz every 2-3 nights. Nurse a breast-fed baby on just one side or reduce feeding time by 2 minutes every 2-3 nights.

2. At naps and at bedtime, put baby in the crib when drowsy but awake. If your baby is very fussy, rock her until she settles down or is almost asleep, but place her in the crib before she is fully asleep.

3. Move the crib to a separate room. If you cannot do this, place the crib so that your baby cannot see you when he wakes up.

4. If your baby is crying at bedtime or naptime, visit them briefly every 5-15 minutes. Visit him before he becomes too upset. Gradually lengthen the time between visits. Don't turn on the lights. Act sleepy. Whisper, "Shhh, everyone's sleeping." Don't remove your baby from the crib. Do not feed, rock, or play with your baby or bring him to your bed. Letting your baby cry for a short time is not emotionally or physically harmful to your baby.

5. Avoid giving your baby any bottle in bed. If your baby needs to suck on something to help him go to sleep, offer a pacifier or help him find his thumb.

6. Change the diaper only if it is soiled or if you are treating a bad diaper rash. Use as little light as possible, do it quickly, and make it boring.

When to call:

- You feel that your child is not gaining enough weight
- You think the crying has a physical cause
- The above suggestions do not improve your baby's sleep habits within 2 weeks

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

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1. Why get vaccinated?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child’s health care provider may decide to postpone DTaP vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

Your child’s health care provider can give you more information.



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Control and Prevention

4. Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
 - Visit CDC's website at www.cdc.gov/vaccines.



Haemophilus influenzae type b (Hib) Vaccine: What You Need to Know

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Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Hib vaccine can prevent *Haemophilus influenzae* type b (Hib) disease.

Haemophilus influenzae type b can cause many different kinds of infections. These infections usually affect children under 5 years of age but can also affect adults with certain medical conditions. Hib bacteria can cause mild illness, such as ear infections or bronchitis, or they can cause severe illness, such as infections of the blood. Severe Hib infection, also called “invasive Hib disease,” requires treatment in a hospital and can sometimes result in death.

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States. Meningitis is an infection of the lining of the brain and spinal cord. It can lead to brain damage and deafness.

Hib infection can also cause:

- Pneumonia
- Severe swelling in the throat, making it hard to breathe
- Infections of the blood, joints, bones, and covering of the heart
- Death

2. Hib vaccine

Hib vaccine is usually given in 3 or 4 doses (depending on brand).

Infants will usually get their first dose of Hib vaccine at 2 months of age and will usually complete the series at 12–15 months of age.

Children between 12 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses of Hib vaccine.

Children over 5 years old and adults usually do not receive Hib vaccine, but it might be recommended for older children or adults whose spleen is damaged or has been removed, including people with sickle cell disease, before surgery to remove the spleen, or following a bone marrow transplant. Hib vaccine may also be recommended for people 5 through 18 years old with HIV.

Hib vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Hib vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of Hib vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone Hib vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Hib vaccine.

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Redness, warmth, and swelling where the shot is given and fever can happen after Hib vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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Polio Vaccine:

What You Need to Know

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1. Why get vaccinated?

Polio vaccine can prevent **polio**.

Polio (or poliomyelitis) is a disabling and life-threatening disease caused by poliovirus, which can infect a person's spinal cord, leading to paralysis.

Most people infected with poliovirus have no symptoms, and many recover without complications. Some people will experience sore throat, fever, tiredness, nausea, headache, or stomach pain.

A smaller group of people will develop more serious symptoms that affect the brain and spinal cord:

- Paresthesia (feeling of pins and needles in the legs),
- Meningitis (infection of the covering of the spinal cord and/or brain), or
- Paralysis (can't move parts of the body) or weakness in the arms, legs, or both.

Paralysis is the most severe symptom associated with polio because it can lead to permanent disability and death.

Improvements in limb paralysis can occur, but in some people new muscle pain and weakness may develop 15 to 40 years later. This is called "post-polio syndrome."

Polio has been eliminated from the United States, but it still occurs in other parts of the world. The best way to protect yourself and keep the United States polio-free is to maintain high immunity (protection) in the population against polio through vaccination.

2. Polio vaccine

Children should usually get 4 doses of polio vaccine at ages 2 months, 4 months, 6–18 months, and 4–6 years.

Most **adults** do not need polio vaccine because they were already vaccinated against polio as children. Some adults are at higher risk and should consider polio vaccination, including:

- People traveling to certain parts of the world
- Laboratory workers who might handle poliovirus
- Health care workers treating patients who could have polio
- Unvaccinated people whose children will be receiving oral poliovirus vaccine (for example, international adoptees or refugees)

Polio vaccine may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

Polio vaccine may be given at the same time as other vaccines.



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3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of polio vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone polio vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting polio vaccine.

Not much is known about the risks of this vaccine for pregnant or breastfeeding people. However, polio vaccine can be given if a pregnant person is at increased risk for infection and requires immediate protection.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- A sore spot with redness, swelling, or pain where the shot is given can happen after polio vaccination.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

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7. How can I learn more?

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Pneumococcal Conjugate Vaccine (PCV13): *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Pneumococcal conjugate vaccine (PCV13) can prevent **pneumococcal disease**.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including pneumonia, which is an infection of the lungs. Pneumococcal bacteria are one of the most common causes of pneumonia.

Besides pneumonia, pneumococcal bacteria can also cause:

- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (infection of the blood)

Anyone can get pneumococcal disease, but children under 2 years old, people with certain medical conditions, adults 65 years or older, and cigarette smokers are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can be fatal.

2. PCV13

PCV13 protects against 13 types of bacteria that cause pneumococcal disease.

Infants and young children usually need 4 doses of pneumococcal conjugate vaccine, at ages 2, 4, 6, and 12–15 months. **Older children (through age 59 months)** may be vaccinated if they did not receive the recommended doses.

A dose of PCV13 is also recommended for **adults and children 6 years or older** with certain medical conditions if they did not already receive PCV13.

This vaccine may be given to healthy **adults 65 years or older** who did not already receive PCV13, based on discussions between the patient and health care provider.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of PCV13, to an earlier pneumococcal conjugate vaccine known as PCV7, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone PCV13 vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting PCV13.

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given, and fever, loss of appetite, fussiness (irritability), feeling tired, headache, and chills can happen after PCV13 vaccination.

Young children may be at increased risk for seizures caused by fever after PCV13 if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

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Rotavirus Vaccine:

What You Need to Know

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1 Why get vaccinated?

Rotavirus vaccine can prevent rotavirus disease.

Rotavirus causes diarrhea, mostly in babies and young children. The diarrhea can be severe, and lead to dehydration. Vomiting and fever are also common in babies with rotavirus.

2 Rotavirus vaccine

Rotavirus vaccine is administered by putting drops in the child's mouth. Babies should get 2 or 3 doses of rotavirus vaccine, depending on the brand of vaccine used.

- The first dose must be administered before 15 weeks of age.
- The last dose must be administered by 8 months of age.

Almost all babies who get rotavirus vaccine will be protected from severe rotavirus diarrhea.

Another virus called porcine circovirus (or parts of it) can be found in rotavirus vaccine. This virus does not infect people, and there is no known safety risk. For more information, see <http://wayback.archive-it.org/7993/20170406124518/https://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm212140.htm>.

Rotavirus vaccine may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rotavirus vaccine**, or has any severe, life-threatening allergies.
- Has a **weakened immune system**.

- Has **severe combined immunodeficiency (SCID)**.
- Has had a type of bowel blockage called **intussusception**.

In some cases, your child's health care provider may decide to postpone rotavirus vaccination to a future visit.

Infants with minor illnesses, such as a cold, may be vaccinated. Infants who are moderately or severely ill should usually wait until they recover before getting rotavirus vaccine.

Your child's health care provider can give you more information.

4 Risks of a vaccine reaction

- Irritability or mild, temporary diarrhea or vomiting can happen after rotavirus vaccine.

Intussusception is a type of bowel blockage that is treated in a hospital and could require surgery. It happens naturally in some infants every year in the United States, and usually there is no known reason for it. There is also a small risk of intussusception from rotavirus vaccination, usually within a week after the first or second vaccine dose. This additional risk is estimated to range from about 1 in 20,000 US infants to 1 in 100,000 US infants who get rotavirus vaccine. Your health care provider can give you more information.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



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5 What if there is a serious problem?

For intussusception, look for signs of stomach pain along with severe crying. Early on, these episodes could last just a few minutes and come and go several times in an hour. Babies might pull their legs up to their chest. Your baby might also vomit several times or have blood in the stool, or could appear weak or very irritable. These signs would usually happen during the first week after the first or second dose of rotavirus vaccine, but look for them any time after vaccination. If you think your baby has intussusception, contact a health care provider right away. If you can't reach your health care provider, take your baby to a hospital. Tell them when your baby got rotavirus vaccine.

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines



Now Offering Fluoride Varnish!



- Fluoride varnish is a sticky liquid applied to teeth as a cavity protector
- It is made for children once teeth erupt and up until age 6
- The varnish may be applied 2-4 times a year and we will offer with Well Child checks starting at age one year and then ages 2, 3, 4, 5, & 6 years.
- Children may eat or drink right after application, just avoid sticky foods for the rest of the day
- Do Not brush teeth for 24 hours after applied
- Most insurances will cover
- There may be a yellow discoloration after applied, but that will disappear with brushing

Please ask if you are interested
and it is not offered
to your child.

